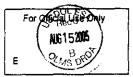
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

Off.	
	I / I / 04 Through: I2 / 3I / 04
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Wayne Shatkoff	Name Teamsters Local 249
	Labor Organization File Number 028-815
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any P. O. Box 40128
Street 4516 Perrysville Avenue	Street 4701 Butler Street
City Pittsburgh	City Pittsburgh
State PA ZIP Code + 4 15229	State PA ZIP Code + 4 15201-012
5. Position in labor organization. President	
Enter appropriate data below if, during the past fiscal year, you or you	our spouse or minor child directly or indirectly had any of the following interests
(except as specified in the	
	e exclusions set forth in the instructions):
A Held an interest in engaged in transactions (including loans) wil	e exclusions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) wit monetary value from an employer whose employees your organ	e exclusions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) wit monetary value from an employer whose employees your organs. 5. Name and address of Employer (including trade name, if any).	e exclusions set forth in the instructions): ith, or derived income or other economic benefit of inization represents or is actively seeking to represent.
A. Held an interest in, engaged in transactions (including loans) with monetary value from an employer whose employees your organisms. Name and address of Employer (including trade name, if any). Name	e exclusions set forth in the instructions): ith, or derived income or other economic benefit of inization represents or is actively seeking to represent.
A. Held an interest in, engaged in transactions (including loans) with monetary value from an employer whose employees your organism and address of Employer (including trade name, if any). Name Trade Name, if any:	e exclusions set forth in the instructions): ith, or derived income or other economic benefit of inization represents or is actively seeking to represent.
A. Held an interest in, engaged in transactions (including loans) wit monetary value from an employer whose employees your orgals. Name and address of Employer (including trade name, if any). Name	e exclusions set forth in the instructions): ith, or derived income or other economic benefit of inization represents or is actively seeking to represent.
A. Held an interest in, engaged in transactions (including loans) with monetary value from an employer whose employees your organis. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any	ith, or derived income or other economic benefit of inization represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.
A. Held an interest in, engaged in transactions (including loans) with monetary value from an employer whose employees your organism Name and address of Employer (including trade name, if any). Name Trade Name, if any:	ith, or derived income or other economic benefit of inization represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.
A. Held an interest in, engaged in transactions (including loans) with monetary value from an employer whose employees your organs. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street	ith, or derived income or other economic benefit of inization represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.
A. Held an interest in, engaged in transactions (including loans) with monetary value from an employer whose employees your organism of the second state of the second	ith, or derived income or other economic benefit of inization represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.
A. Held an interest in, engaged in transactions (including loans) with monetary value from an employer whose employees your organis. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	ith, or derived income or other economic benefit of inization represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.
A. Held an interest in, engaged in transactions (including loans) with monetary value from an employer whose employees your organs. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street	ith, or derived income or other economic benefit of inization represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.
A. Held an interest in, engaged in transactions (including loans) with monetary value from an employer whose employees your organs. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4	ith, or derived income or other economic benefit of inization represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. Signature alty of Perjury and other applicable penalties of the law, that all of the information impanying documents), has been examined by the signatory and is, to the best of the
A. Held an interest in, engaged in transactions (including loans) with monetary value from an employer whose employees your organs. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any: Street City State ZIP Code + 4 15. Signature and verification. The undersigned declares, under penasubmitted in this report (including the information contained in any accordance).	ith, or derived income or other economic benefit of inization represents or is actively seeking to represent. 7.a. Nature of interest, Transaction, or Income. 7.b. Amount. Signature alty of Perjury and other applicable penalties of the law, that all of the information impanying documents), has been examined by the signatory and is, to the best of the

Name of Person Filing Wayne Shatkoff	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
Name and address of Business (including trade name, if any).	9. Business deals with:		
Name	a. Labor Organization		
P.O. Box, Bldg., Room No., if any	b. Trust		
Street	c. Employer		
City State ZIP Code + 4			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name :			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any Street			
	11.b. Approximate dollar value of such dealing.		
City	12.a. Nature of interest held or income received.		
State ZIP Code + 4			
	<u> </u>		
	12.b. Amount,		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name Jubelirer, Pass & Intrieri, P.C.	Christmas gift of food and beverage valued at \$65.00 from law firm who		
Trade Name, if any:	represents Teamsters Local 249.		
P.O. Sox, Bidg., Room No., if any			
Street 219 Fort Pitt Boulevard			
City Pittsburgh State PA ZIP Code + 4 15222			
13.b. Is the Business an Employer X or Consultant ?	14.b. Amount of payment. \$65.00		

		·	
Name of Person Filing WAYNE B. SHATKOFF		File Number U-	· · ·
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
Name and address of Business (including trade name, if any).	9. Business deals with:		
Name BEYER-BARBER COMPANY	riosa		
Trade Name, if any:	a. Labor Organiza	tion	
P.O. Box, Bldg., Room No., if any	b. Trust		
Street 1956 HARLINGS STREET, SUICE 108			
City ALLENTOWN			
State PRINSYLVANDIA ZIP Code + 4 18101			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deali	ng.	
Name #1241.STERISHED PAPEUNGOLE #743	TRUSTEE - PROV BENEFITS FOR I	Salitables of Market Carlot Society	注けの なり したしょ 芳 子(をは)にひがけた おきょうしゃ いきしゃりし
Trade Name, if any:	BY TEAMSTERS L	The term of the late of the term of the late. A	《新·Partine Author Experience Authorities (1994) 。
P.O. Box, Bldg., Room No., if any P.O. BOX 40128			
Street 4701 PLTUIR STRICT			
City PITTSBURGE	11.b. Approximate dollar valu		egarigiden s
	12.a. Nature of interest hel		
State PRINSYLVANIA ZIP Code + 4 15201-0128	▶ ▶ あいしょう アメージ とうじがん たいた 長されれ ひきり おいけ	INTL. FOUNDATI FIT PLANS 2004	ON OF EN NEW ORLEANS
	12.b. Amount		61.78
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money			
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.		
(including trade name, if any).			
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., If any			
Street			
City			
State ZIP Code + 4			

14.b. Amount of payment.

13.b. Is the Business an Employer

or Consultant

Name of Person Filing WAYNE B. SHATKOFF	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name BETER-BARBER COMPANY Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1136 HAPILTON STREET, SUITE 103 City ALLENTONN State PENNSYLVANIA ZIP Code + 4 18101	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name TEANSTERS LOCAL UNION 7 249 Trade Name, if any: P.O. Box, Bldg., Room No., if any P.O. BOX 40128	TRUSTEE - PROVIDE REPRESENTATION AND BENEFITS FOR INDIVIDUALS REPRESENTED BY TRANSTERS LOCAL UNION # 249	
Street 4701 BHTT-ER STREET	11.b. Approximate dollar value of such dealing.	
City PATT'SBURGE	12.a. Nature of interest held or income received.	
State PENNSYLVANIA ZIP Code + 4 15201-0128	DINNER AT THE INTL. FOUNDATION OF EMPLOYEE BENEFIT PLANS 2004 IN NEW ORLEANS	
	12.b. Amount. [1].18.58	
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

Name of Person Filing WAYNE B. SHATKOFF	File Number U-
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or ind dealing with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name WESTERN PA. TEAMSTERS PENSION PLAN	F
Trade Name, if any:	a. Labor Organization
P.O. Box, Bidg., Room No., if any	b. Trust c. Employer
Street 49 AUTO WAY	C. Employer
City Participant	,
State PENNSYLVANIA ZIP Code + 4 15206-3663	*
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name TEAMSTERS LOCAL UNION # 249	TRUSTEE - PROVIDE REPRESENTATION AND BENEFITS FOR INDIVIDUALS REPRESENTED
Trade Name, if any:	BY TEAMSTERS LOCAL UNION # 249
P.O. Box, Bldg., Room No., if any P.O. BOX 40128	
Street 4701 BUTLER STREET	11.b. Approximate dollar value of such dealing.
City PITTSBURGH	12.a. Nature of interest held or income received.
State PENNSYLVANIA ZIP Code + 4 15201-0128	AIRFARE REIMBURSED TO UNION TRUSTEE AT THE IFEBP NEW ORLEANS, LA.
	12.b. Amount. 216.00
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	12.b. Amount. 216-00
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	12.b. Amount. 216-00
or from any labor relations consultant to an employer any payment of money	12.b. Amount. 216_90 r parts A and B above) or other thing of value.
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	12.b. Amount. 216_90 r parts A and B above) or other thing of value.
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	12.b. Amount. 216_90 r parts A and B above) or other thing of value.
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any:	12.b. Amount. 216_90 r parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	12.b. Amount. 216_90 r parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	12.b. Amount. 216_90 r parts A and B above) or other thing of value.

Name of Person Filing WAINE B. SHAIRUFF		File Number 0-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name WESTERN PA. TEAMSTERS PENSION PLAN	a Labor Organiza		
Trade Name, if any:	a. Labor Organization b. Trust		
P.O. Box, Bldg., Room No., if any	c. Employer		
Street 49 AUTO WAY	·		
City PINISHINGS State PENNSYLVANIA ZIP Code + 4 15296-3663		•	
State 22315574VA174 ZIP Code + 4 15/206-3663			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deal		
Name TRANSTERS LOCAL UNION \$ 249	BENEFITS FOR I	IDE REPRESENTATION AND IDIVIDUALS REPRESENTED	
Trade Name, if any:	BY TEAMSTERS LA	CAL UNION # 249	
P.O. Box, Bidg., Room No., if any P.O. Box 40128	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.		
Street 4/0 BURRAN STRUME			
City PATTISBURGIL			
State PENNSYSVANIA ZIP Code + 4 LDZ01-0128	LODGING, MEALS WOODLANDS RESO	AND INCIDENTALS NEMACOLIN RT & SPA	
	12.b. Amount.	467.00	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money		· · · · · · · · · · · · · · · · · · ·	
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.		
(including trade name, if any).		**************************************	
Name			
Name Trade Name, if any:			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Trade Name, if any: P.O. Box, Bldg., Room No., if any Street			

Name of Person Filing WAYNE B. SHATKOFF	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name WESTERN PA. TRAMSTERS PENSION PLAN			
Trade Name, if any:	a. Labor Organization b. Trust		
P.O. Box, Bidg., Room No., if any	c. Employer		
Street 49 AUTO WAY			
City PITTYSPITPSI	•		
State PENNSYLVANIA ZIP Code + 4 15206-3663			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name TRANSTERS LOCAL UNION 1.249	TRUSTRE - PROVIDE REPRESENTATION AND BENEFITS FOR INDIVIDUALS REPRESENTED		
Trade Name, if any:	BY TEAMSTERS LOCAL UNION # 249		
P.O. Box, Bidg., Room No., if any P.O. Box 40).28			
Street 24/01@Bland 1 @-Sulasty (special control of the control of	11.b. Approximate dollar value of such dealing.		
City PITTSBURGE	12.a. Nature of interest held or income received.		
State ZIP Code + 4 LZ01-UZB	INTLFOUNDATION CONFERENCE IFEBP 51ST ANNUAL EMPLOYEE BENEFITS CONFERENCE HONOLULU, HI.		
	12.b. Amount. 1.900.00		
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bidg., Room No., if any			
Street			
City			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		